

## PART B - FEE(S) TRANSMITTAL

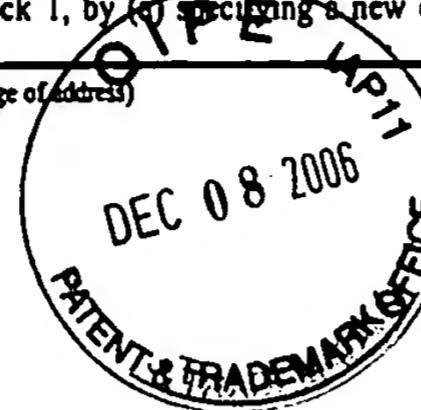
12-11-06

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**P.O. Box 1450**  
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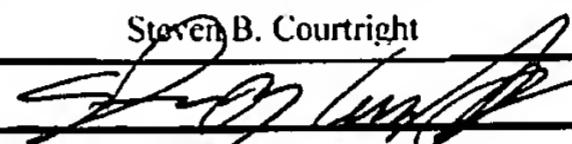
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590                    09/19/2006  
**MICHAEL H. BANIAK**  
**BANIAK PINE & GANNON**  
**Suite 1200**  
**150 N. Wacker Drive**  
**Chicago, IL 60606**



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Certificate of Mailing  
I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Label No. EV832847275US. on the date indicated below:

Steven B. Courtright	(Depositor's name)
	
December 8, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,834	07/15/2003	Brian H. Silver	5297-181	7207

**TITLE OF INVENTION: BREASTSHIELD WITH MULTI-PRESSURE AND EXPANSIBLE CHAMBER CONSTRUCTION, RELATED BREASTPUMP AND METHOD**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILLIAMS, CATHERINE SERKE	3763	604-074000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BANIAK PINE &amp; GANNON

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MEDELA HOLDING AG

Baar, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0930 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date December 8, 2006

Typed or printed name \_\_\_\_\_

Registration No. 30,608 / 40,966

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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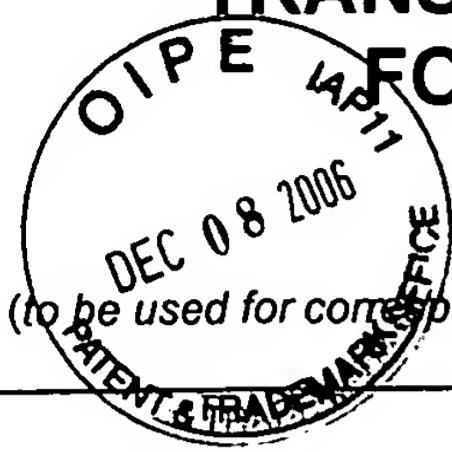
12/11/2006 GWD/DOF2 00000007 10619834  
01 FC:1501  
02 FC:1504

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1400.00  
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## TRANSMITTAL

## FORM

(to be used for correspondence after initial filing)



<b>TRANSMITTAL FORM</b> <small>(to be used for correspondence after initial filing)</small>	Application Number	10/619,834
	Filing Date	July 15, 2003
	First Named Inventor	Brian H. Silver
	Art Unit	3763
	Examiner Name	Catherine Serke Williams
	Attorney Docket Number	5297/181

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form Part B-Issue Fee (PTOL-85) (+duplicate) <input checked="" type="checkbox"/> Fee Attached (\$1,700)  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) (please Identify below):
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The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.

## CALCULATION OF FEE

## Small Entity

Rate	Add'l Fee
x \$25=	0
x \$100=	0
+\$180=	—

total add'l fee \$ 0

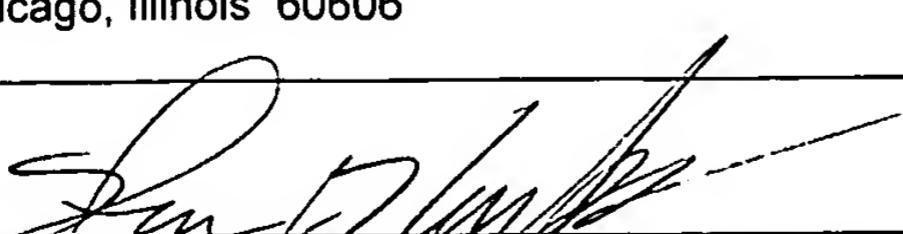
## Large Entity

Rate	Add'l Fee
x \$50=	
x \$200=	
+\$360=	

total add'l fee \$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

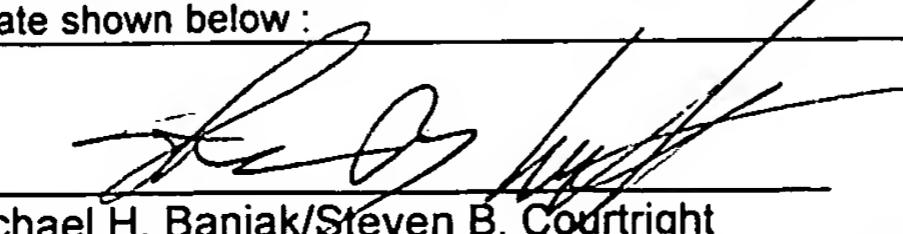
Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant Steven B. Courtright, Reg. No. 40,966 Agent for Applicant  BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
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Signature			
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Date December 8, 2006

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
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Date December 8, 2006

Michael H. Baniak/Steven B. Courtright